



Saratoga County  
DEPARTMENT OF EMPLOYMENT & TRAINING  
Lisa M. Scaccia, Director

152 West High Street, Ballston Spa, NY 12020 TEL: (518) 884-4170 FAX: (518) 884-4262

# Summer Jobs 2012

## Saratoga County Summer Youth Employment Program

### The Summer Youth Employment Program:

- Saratoga County residents 14-20 years old
- Summer jobs from approximately July 9, 2012 to August 31, 2012.  
**\*\*May end sooner or extend longer depending on funding\*\***
- Earn \$7.25 per hour
- Work up to 20 hours a week (additional hours may be available depending on funding.)
- Jobs available may include animal care assistant, groundskeeper, library page, office assistant, laborer, cleaner, and more!

If your family received any of the following in the last year, you *may* qualify:

**Food Stamps - Cash Public Assistance - HEAP  
Medicaid - Free or Reduced Lunch**

Please return the attached application to the above address.

- Those selected will be contacted in May to continue the application process
- Under18? Apply for your working papers from your school's guidance office now
- If you do not have working papers at time of intake, you will not be placed in a job

***NOTE! Funding for the 2012 Summer Youth Employment Program is contingent upon both state and federal legislative action and budget inclusion. It is not clear what size program, if any, will be supported for Summer 2012. We are accepting applications to stay on track with timing if the programs are supported.  
We will have a clearer picture as we draw closer to the start date.***

**Questions? Please call 518-884-4906**

**Pre-Application Priority Deadline is May 1, 2012**

**Please fill out ALL sections of the application form to be considered.**

*(Keep this page for your records.)*

# YOUTH PROGRAM APPLICATION

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Town \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
(If you do not have phone service, please put down a number or email where you can receive a message.)

Birth Date \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

If you are a male, 18 years old or older, have you registered with selective service? Yes \_\_\_\_\_ No \_\_\_\_\_

## **ELIGIBILITY QUESTIONNAIRE**

This is important information. You must answer all questions to be considered. You are the applicant.

- 1) Does applicant's family receive Food Stamps? Yes \_\_\_\_\_ No \_\_\_\_\_ (any time in the last 6 months)
- 2) Does applicant receive Free/Reduced School Lunch at school? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) Does applicant receive: Public Assistance? Yes \_\_\_\_\_ No \_\_\_\_\_
- 4) Does applicant receive: Medicaid? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5) Does applicant receive: HEAP? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) Does applicant receive: SSI? Yes \_\_\_\_\_ No \_\_\_\_\_
- 7) Is applicant in foster care? Yes \_\_\_\_\_ No \_\_\_\_\_
- 8) Does applicant have any physical, emotional or learning disabilities or have an IEP?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- 9) Has applicant ever been enrolled in this Summer Job Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when? \_\_\_\_\_

How many family members live in the applicant's home? \_\_\_\_\_

What is the total FAMILY income of all above family members for the last **SIX (6) MONTHS** prior to this application? **NOTE: asking for past SIX (6) MONTHS, not annual income.** \$ \_\_\_\_\_

What are the sources of income? \_\_\_\_\_

Does a family member receive child support? Yes \_\_\_\_\_ No \_\_\_\_\_ How much in the last six (6) months?  
\$ \_\_\_\_\_

Does a family member pay child support? Yes \_\_\_\_\_ No \_\_\_\_\_ How much in the last six (6) months?  
\$ \_\_\_\_\_

Does a family member receive unemployment benefits? Yes \_\_\_\_\_ No \_\_\_\_\_ How much in the last six (6) months?  
\$ \_\_\_\_\_

## EDUCATION RECORD

	School Name	Highest Grade Completed	Grade You Are In Right Now	Major
Jr. High School				
High School				
BOCES/ Tech School				

## EMPLOYMENT RECORD (Include all jobs you have had and list the most recent first.)

From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		
From:	Name and Address of Employer	Job Title	Salary & Hours/Week	Reason for Leaving
To:	Telephone:	Supervisor:		

## SKILLS

What skills do you possess? Examples are typing, computer skills, childcare, landscaping.

---

Please list any certificates of training that you have.

---

Have you passed a CPR and/or First Aid Course? Yes\_\_\_\_\_ No\_\_\_\_\_

How will you get to the worksite? \_\_\_\_\_

If you could choose the kind of work you would most like to do your 1<sup>st</sup> and 2<sup>nd</sup> choices would be:  
\_\_\_\_\_ and \_\_\_\_\_

## PARAGRAPH:

Please explain why you want to be enrolled in this program and what you hope to accomplish through this experience.

---

---

---

## COMMUNITY INVOLVEMENT

Please list any community organizations that you belong to such as scouts, school clubs, civic organizations, and school activities:

## WORKING PAPERS (Student General Employment Certificate)

**Working papers are issued by your local school district guidance office.**

If you are 14 or 15 years old you must have a blue Employment Certificate.

If you are 16 or 17 years old you must have a green Employment Certificate.

What is your current age? I am \_\_\_\_\_ years old.

Do you have a valid Employment Certificate? Yes\_\_\_\_\_ No\_\_\_\_\_

## CERTIFICATION

I certify that the information on this application is correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## PARENTAL/ STUDENT RELEASE

The applicant is applying for employment and training services provided by the Workforce Investment Act (WIA) and/or Temporary Assistance for Needy Families (TANF). I will be required to provide certain documentation for eligibility determination. I grant permission to Saratoga County Department of Employment and Training to release and obtain information regarding physical and/or mental disabilities and other pertinent information of a social or economic nature from my child's school and other appropriate agencies. This information will be used to determine program eligibility and appropriate services to be provided.

I understand that all information will be treated as confidential and privileged.

\_\_\_\_\_  
Parent / Guardian Signature & Date  
(Required if applicant is under age 18)

\_\_\_\_\_  
Applicant Signature & Date  
(Required if applicant is aged 18 and over)

Where did you obtain this application? \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO:  
Saratoga County Department of Employment & Training  
152 West High Street, Ballston Spa, NY 12020  
or your district's high school guidance department**

**Questions? Please call 518-884-4906**

**Pre-Application Deadline is May 1, 2012**

**\*\*\*\*\*Apply Today\*\*\*\*\***

Saratoga County is an Equal Opportunity/ Affirmative Action Employer  
Auxiliary aids and services are available upon request to individuals with disabilities.